

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2521AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2008
NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1683 WINCHESTER DR ELKO, NV 89801		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility 8/26-27/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and seven employee files were reviewed. The following deficiencies were identified:	Y 000		
Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review from 8/26/08 to 8/27/08, the facility did not ensure evidence of at least eight hours of annual training related to providing for the needs of the residents for 1 of 7 employees. Findings include: Employee #2's file contained a list of seven trainings with start times from July 2007 to July 2008. There was no evidence of the length of the trainings or that the employee had completed	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 them. Severity: 2 Scope: 1	Y 070			
Y 072 SS=F	449.196(3) Qualications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 8/27/08, the facility did not ensure 3 of 3 caregivers had evidence of at least three hours of medication re-training. Findings include: Employees #3, #5 and #7 all completed three hours of medication re-training on 8/3/05. There was no evidence in their files of at least three hours of medication re-training by August of 2008.	Y 072			

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Y 072	Continued From page 2 Severity: 2 Scope: 3	Y 072		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review from 8/26/08 to 8/27/08, the facility did not ensure that 1 of 7 employees met the background check requirements for criminal history. Findings include: The file for Employee #1, hired on 1/12/07, contained a background check report from the State of Nevada dated in November of 2007. There was not a report from the FBI. Severity: 2 Scope: 1	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.	Y 106		

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Y 178	Continued From page 4 air due to houses being constructed in their neighborhood. The caregiver also stated there were no air filters in the ducts to help trap the dust. Severity: 2 Scope: 1	Y 178		

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